

**January 2012 – Medical Board**

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Happy New Year from the Medical Licensing Board of Indiana!

### **CONTROLLED SUBSTANCE REGISTRATIONS**

An Indiana Controlled Substance Registration (CSR) gives physicians the authority to prescribe controlled substances in Indiana. In addition, physicians must hold a valid federal Drug Enforcement Agency (DEA) license to legally prescribe controlled substances.

You must have a CSR license to obtain, renew and maintain a federal DEA license. The cost of an initial and renewal of a CSR is \$60.00. A portion of these fees help to fund the INSPECT program. The application may be found at <http://www.in.gov/pla/3026.htm> CSRs expire the same day as your medical license, regardless of when they are issued.

You must have a separate CSR for each location where you administer or dispense controlled substances. If you are just prescribing, one (1) CSR will cover all locations.

On the application for a CSR, you must select the drug schedules for which you are asking the authority to prescribe and this must match your DEA schedule selection.

On your CSR application, you must also furnish your physical practice address. The practice address must be an Indiana address. Home addresses or P.O. Boxes are not accepted. Address changes of CSRs can be emailed to our office at [pla3@pla.IN.gov](mailto:pla3@pla.IN.gov).

IC 35-48-3-5 (e) states (e) If the Drug Enforcement Administration terminates, denies, suspends or revokes a federal registration for the manufacture, distribution, or dispensing of controlled substances, a controlled substance registration (CSR) issued by the board under this chapter is **automatically** suspended.

## **DON'T WRITE A PRESCRIPTION FOR TROUBLE**

A continuing frustration for the Medical Licensing Board of Indiana is that all too many physicians and PAs find themselves in trouble for unknowingly violating state and federal laws regarding the writing of prescriptions. Most prescribing problems are avoidable.

Here's a quick rundown on what physicians need to know before they write prescriptions. While much of the following information may seem elementary and simple common sense, the board stresses that some Indiana doctors continue to make prescribing errors that could lead to board action or even state and/or federal charges.

**Purpose of prescription:** 856 IAC 2-6-3 states that a prescription for a controlled substance to be effective must be issued for a legitimate medical purpose in a reasonable quantity by an individual practitioner acting in the usual course of his professional practice. The responsibility for the proper prescribing and dispensing of a controlled substance is upon the prescribing practitioner, but a corresponding responsibility rests with the pharmacist who fills the prescription.

**Basic Criteria for Writing Prescriptions:** Indiana physicians cannot write a prescription to a person who the physician has "never personally examined and diagnosed". The patient/physician relationship cannot take place without an initial face-to-face encounter with the patient. During the initial encounter, physicians should verify that patients are who they claim to be and establish a diagnosis through accepted medical practices such as history and physical, mental status exam and appropriate diagnosis and lab testing. Always be sure to make the reason for the prescription a part of the patient's medical record.

No prescriptions should be written for family or fellow workers without a valid physician/patient relationship and maintenance of a medical chart.

**Valid Prescription Requirements:** A prescription for a controlled substance must be dated and signed on the date issued and shall bear the full name of the patient, and the name, address and Federal DEA number of the practitioner. A practitioner may sign a prescription in the same manner that he would sign a check or legal document. Prescriptions shall be written in ink, indelible pencil or typed on authorized prescription pads and **shall** be manually signed by the practitioner. Prescriptions shall also include:

1. drug name
2. strength
3. dosage form

4. quantity prescribed
5. directions for use
6. number of refills (if any) authorized

The prescription may be prepared by a secretary or agent for the signature of a practitioner, but the prescribing practitioner is responsible in case the prescription does not conform in all essential respects to law and regulations.

**NEVER SIGN A BLANK PRESCRIPTION** – Federal law prohibits a physician from pre-signing prescriptions. Prescriptions must be signed by the practitioner on the date issued. A blank, signed prescription is not only illegal but the physician may never be sure for whom or what purpose it will be filled.

Prescriptions for controlled substances must be on specific prescription pad paper generated by a vendor approved by the Indiana Board of Pharmacy. A list of approved vendors and specific requirements for the security feature prescription pads, may be found at <http://www.in.gov/pla/2538.htm>

**Pharmacists' responsibility:** Assist the pharmacist if they call about a prescribing order. It is their responsibility also to make sure that every prescription is issued for a legitimate medical purpose. IC 25-26-13-16 states that a pharmacist shall exercise his professional judgment in the best interest of the patient's health when engaging in the practice of pharmacy. Before honoring a prescription, the pharmacist **shall** take reasonable steps to determine whether the prescription has been issued in compliance with the laws where it originated.

**Physician Supervised Midlevel Practitioners:** Make sure you know and understand the law regarding what Physician Assistants (PA) and Advanced Practice Nurses (APN) can prescribe. PAs may **not** prescribe Schedule IIs and can prescribe a Schedule III-V prescription for a one (1) time - thirty (30) day supply only. Both APNs and PAs should only be prescribing for those medications that fall within their supervisory/collaborative agreement and are within the practice scope of the supervising/collaborating physician.

Neither a PA nor APN can prescribe controlled substances for weight loss. IC 35-48-3-11 states that **only** a physician may treat a patient with a Schedule III or Schedule IV controlled substance for the purpose of weight reduction or to control obesity.

**Monitor "Call-ins" Closely:** State and federal regulations allow physicians to designate "agent(s)" to call in prescriptions to pharmacists for Schedules III-V. The medical determination to prescribe the drug can only be made by the practitioner, not the agent. The agent normally is an employee of the physician and may be a licensed medical professional or even a non-medical member of the office staff. "Call-in" prescriptions must meet all the criteria of a valid written prescription and must be noted in the patient's medical record.

The physician is ultimately responsible and legally liable for all prescriptions called in under his/her name. Therefore, physicians should take great care in designating,

instructing and monitoring the staff member(s) allowed to call in prescriptions. Physicians are encouraged to have their office “agent(s)” actually sign a document acknowledging their designation along with a brief description of their responsibility. The document should be kept on file in the office with copies distributed to main pharmacies with which the physician deals. A sample copy of such a document can be found at <http://www.federalregister.gov/articles/2010/10/06/2010-25136/role-of-authorized-agents-in-communicating-controlled-substance-prescriptions-to-pharmacies>. Physicians may want to notify pharmacies when the office “agent” no longer has the authority to call in prescriptions, especially if there is a concern that the agent might try to continue to call in prescriptions.

**Indiana Scheduled Prescription Electronic Collecting & Tracking Program (INSPECT)**: INSPECT is a national model for tracking prescriptions in our state. Physicians should use the program to not only review their own prescribing (and who is calling in scripts for them) but also to check the pharmaceutical histories of their patients, particularly those who may be suspects of “doctor shopping”.

For more information, please see <http://www.in.gov/pla/inspect/>.

Another helpful reference is the DEA manual for practitioners, which can be found at <http://www.in.gov/pla/3343.htm>.

## **STAFF & CONTACT INFORMATION**

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## **BOARD MEMBERS**

All members of the Board are appointed by the Governor in increments of four (4) year terms. They consist of five (5) medical physicians, one (1) osteopathic physician and one (1) consumer member who are the following:

Stephen Huddleston, J.D. – Consumer Member, Board President, Franklin, IN  
Bharat Barai, M.D. – Vice President, Merrillville, IN  
Donald Vennekotter, M.D. – Secretary, Jasper, IN  
Worthe Holt, Jr., M.D. – Fishers, IN  
Robert Allen, M.D. – Columbus, IN  
Lynda Smirz, M.D. – Carmel, IN  
Kirk Masten, D.O. – Roanoke, IN

## **2012 BOARD MEETING DATES**

Please note that meeting dates are subject to change or may be cancelled due to lack of business. Board meetings are held in the Indiana Government Center South, 402 West Washington Street, Indianapolis, Indiana 46204.

- January 26
- February 23
- March 22
- April 26
- May 24
- June 28
- July 26
- August 23
- September 27
- October 25
- December 6

A list of disciplinary actions may be found on our license litigation system at <http://www.in.gov/ai/appfiles/pla-litigation/>. Free online licensure look-ups may be obtained at <https://extranet.in.gov/WebLookup/Search.aspx>. This is a real time database and is the best resource for accurate data.